

New Business Personal Property Listing

2010

Due by January 31, 2010

Brunswick County Tax Department
PO Box 269
Bolivia, NC 28422
(910) 253-2829
<http://www.brunswickcountync.gov/>

For Tax Office Use Only		Abstract Number
Account Number		Parcel
TWP	City	Value

Business or Individual's Legal Name			County Code	
			Date Business Began in this County	
Trade Name or DBA			Date Business (Fiscal) Year Ends	
			Select One Business Type <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Other (Specify)	
Mailing Address			Select One Business Category <input type="radio"/> Retail <input type="radio"/> Wholesale <input type="radio"/> Manufacturing <input type="radio"/> Service <input type="radio"/> Farming <input type="radio"/> Leasing/Rental <input type="radio"/> Other (Specify)	
City	State	ZIP	Complete If Business Is Closed... Date Ceased	
Phone	FAX		Select Reason <input type="radio"/> Sold <input type="radio"/> Closed <input type="radio"/> Bankrupt	
Email			Sold Equipment, Fixtures & Supplies To	
Website			Address	
Name in which business was Listed Last Year			City	
What is the principal business in this county			State	
Physical Address			ZIP	
City	State	ZIP	Phone #	
Real Estate Owned By			List all NC Counties where Business Personal Property is Located	
Contact Person For Audit				
Company				
Address				
City	State	ZIP		
Phone	FAX			
Email				
Owner/ Partner		Phone		
Owner/ Partner		Phone		

Instructions: This form is for new Business Personal Property Listings ONLY. Please complete the required schedules based on items you own. For business owners, please complete all schedules.

Farm(s) & Lawn Equipment - **Schedule F**
Unregistered Vehicle(s) - **Schedule D-1**

Boat(s) - **Schedule D-2**
Airplane(s) - **Schedule D-3**

Mobile Home(s) - **Schedule D-4**
Billboard(s) - **Schedule H**

Additional schedules and electronic worksheets are available from our website at <http://www.brunswickcountync.gov/> or by contacting the Business Personal Property Tax Office by telephone at (910) 253-2829

2010

[illegible]

Reports 100% of the cost of all personal property carried in a CIP account as of January 1	\$	
--	----	--

List cost for each category below. Expense records, receipts or other documentation may be required to support all costs listed.		
Fuels (held for consumption)	100% Cost	\$
Maintenance & Janitorial Supplies	100% Cost	\$
Office Supplies	100% Cost	\$
Medical, Dental, Beauty & Barber Supplies	100% Cost	\$
Replacement Parts, Spare Parts & Hand Tools	100% Cost	\$
Restaurant, Hotel & Motel Items (linens, china, silverware, etc.)	100% Cost	\$
All other Miscellaneous Supplies not listed above	100% Cost	\$
Total		\$

Schedule D - Vehicular Equipment, Mobile Homes or Mobile Offices

2010

Please answer the following questions and complete the required schedule for any questions answered 'YES'.

- Does your business own any Unregistered Vehicles? ☐ Yes ☐ No
- D-1** Does your business own any Multi-year or Permanently Registered Trailers? ☐ Yes ☐ No
- Does your business own any Special Bodies on vehicles? ☐ Yes ☐ No

Year	Make	Model	Body/Size	Special Body Cost	Vehicle ID Number (VIN)	Original Cost	Year Acquired

- D-2** Does your business own any Watercraft, Jet Skis or Engines for Watercraft ☐ Yes ☐ No

Type	Year/Make/Model	Length/Size	Registration #	Location	Engine Type	Original Cost	Year Acquired
Boat							
Motor							
Boat							
Motor							

- D-3** Does your business own any Aircraft? ☐ Yes ☐ No

Year	Make	Model	N-Number/ Tail Number	Location	Original Cost	Year Acquired

- D-4** Does your business own any Mobile Homes or Mobile Offices? ☐ Yes ☐ No

Year	Make	Width x Length	ID Number (VIN)	Location	Original Cost	Year Acquired
		x				
		x				
		x				

Schedule E - Separately Scheduled Property

Does your business own any artwork, displays, statues or other personal property that is separately scheduled for insurance purposes? If 'Yes', please describe the item(s) below and provide an estimated value. ☐ Yes ☐ No

Description	Year Acquired	Estimate value	Description	Year Acquired	Estimate value

Schedule F - Farm or Lawn Equipment

Does your business own any tractors and/or other farm or lawn care equipment? Please itemize below ☐ Yes ☐ No ☐ Cost on Schedule A

Model Year	Description or Make	Model or Series	Gas or Diesel	Year Acquired	Original Cost	For Office Use

Schedule G - Expensed Items**2010**

Report any assets which would typically be capitalized including Section 179 expensed items. Please specify your Capitalization Threshold below. If you have no expensed items, please write "none."

Capitalization
Threshold
\$ _____

Description	Year Acquired	Original Cost Installed	Description	Year Acquired	Original Cost Installed

Schedule H - Billboards & Outdoor Advertising Structures

Does your business own any billboards or outdoor advertising structures? If 'Yes' please attach a completed Schedule H-1.

☐ Yes ☐ No

Schedule I - Property owned by others in possession of Taxpayer

Please provide Lease Information requested below for property in your possession that is owned by someone else.

Owner Name			Item Description	
Mailing Address			Selling Price New	Annual Rent
City	State	ZIP	Lease Date	Lease Ending Date
Phone			Capitalized? <input type="radio"/> Yes <input type="radio"/> No	

Owner Name			Item Description	
Mailing Address			Selling Price New	Annual Rent
City	State	ZIP	Lease Date	Lease Ending Date
Phone			Capitalized? <input type="radio"/> Yes <input type="radio"/> No	

Affirmation

**Listing Form MUST be signed by a
Legally Authorized Person**

**To avoid Late Listing Penalty, Complete
& Return by January 31, 2010**

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, schedules, and other information, is true and complete. If this affirmation is signed by an individual other than the taxpayer, he/she affirms that he/she is familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that his/her affirmation is based on all the information of which he/she has any knowledge.

Listing **MUST** be signed by a **PRINCIPAL OFFICER** of the taxpayer or a **FULL-TIME** employee of the taxpayer who has been officially empowered by the principal officer to list the property.

FORMS WITHOUT SIGNATURE WILL BE RETURNED.

AGENTS & CPAs ARE NOT AUTHORIZED TO SIGN THIS FORM.

Signature (Owner/Principal)	Date	Preparer Other Than Taxpayer	Date
Printed name		Address	
Title		Phone	

Any individual who willfully makes & subscribes an abstract listing required by the Subchapter (of the Revenue Laws) which he/she does not believe to be true and correct as to every material matter shall be guilty of a Class 2 Misdemeanor